

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 11 1957

State File No. **34100**
Registrar's No. **8889**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8889	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY OR TOWN Frontenac		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) DOA				e. STREET ADDRESS (If rural, give location) 27 25 Frontenac Drive			
3. NAME OF DECEASED (Type or Print) a. (First) GREGOR b. (Middle) A c. (Last) SCHMUCKER				4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 19, 1894	
9. AGE (In years last birthday) 62		10. IF UNDER 1 YEAR Months 10 Days 2		11. IF UNDER 1 HRS. Hours 2 Min. _____		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chiropractor				10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Wentzville, Mo.	
13a. FATHER'S NAME Charles Schmucker				13b. MOTHER'S MAIDEN NAME Emma Orf		14. NAME OF HUSBAND OR WIFE Norma Schmucker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Norma Schmucker, 25 Frontenac, Frontenac	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Coronary Sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 420.1			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 19 , to 19 , that I last saw the deceased alive on 9/30/57 , and that death occurred at 930 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE Patrick E. Taylor, M.D. (Type or title)				23b. ADDRESS 300 Clark		23c. DATE SIGNED 9-23-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/24/57		24c. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery		24d. LOCATION (City, town, or county) (State) Wentzville, Mo.	
DATE REC'D BY LOCAL REG. SEP 23 57		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Hoff, Jr. ADDRESS Louis H. Hoff, Jr. 1214 N. 1st St. St. Louis, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Francis J. McPherson Jr.
Licensed Embalmer No. 4512

P. O. Address

Richmond, Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.